

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Chris Day for Congress

ADDRESS (number and street)

PO Box 87

Check if different  
than previously  
reported. (ACC)

New City

NY

10956

2. FEC IDENTIFICATION NUMBER ▼

C

C00557512

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

NY

17

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Cabell Hobbs

Signature of Treasurer

Cabell Hobbs

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

10

15

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 56

Write or Type Committee Name

**Chris Day for Congress**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	46126.00	142556.14
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	650.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	46126.00	141906.14
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	60792.80	106092.93
(b) Total Offsets to Operating Expenditures (from Line 14) .....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	60792.80	106092.93
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	35813.21	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

Chris Day for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	4

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees**

(i) Itemized (use Schedule A).....

33380.00

101818.00

(ii) Unitemized.....

10996.00

35229.14

(iii) TOTAL of contributions from individuals ▶

44376.00

137047.14

**(b) Political Party Committees.....**

0.00

0.00

**(c) Other Political Committees (such as PACs).....**

1750.00

5509.00

**(d) The Candidate.....**

0.00

0.00

**(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..**

46126.00

142556.14

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

**(b) All Other Loans.....**

0.00

0.00

**(c) TOTAL LOANS (add Lines 13(a) and (b)).....**

0.00

0.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

46126.00

142556.14

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 56

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	60792.80	106092.93
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	200.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	450.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	650.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	60792.80	106742.93

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	50480.01
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	46126.00
25. SUBTOTAL (add Line 23 and Line 24).....	96606.01
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	60792.80
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	35813.21

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Chris Day for Congress

Full Name (Last, First, Middle Initial)

MR. SHIBU ABRAHAM

A.

Mailing Address 31 STRAWBERRY HILL LN.

City

CONGERS

State

NY

Zip Code

10920-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2014

Transaction ID : SA11.717

Amount of Each Receipt this Period

300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR. SHIBU ABRAHAM

B.

Mailing Address 31 STRAWBERRY HILL LN.

City

CONGERS

State

NY

Zip Code

10920-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2014

Transaction ID : SA11.718

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MARK ALEXANDER

C.

Mailing Address 16 PINE GLEN DRIVE

City

BLAUVELT

State

NY

Zip Code

10913-1150

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2014

Transaction ID : SA11.615

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

650.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Chris Day for Congress**

Full Name (Last, First, Middle Initial)

**ROBERT A. AXELROD****A.**

Mailing Address 79 RIDGE RD.

City

NEW CITY

State

NY

Zip Code

10956-6824

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ROCKLAND COMMUNITY COLLEGE

Occupation

PROFESSOR

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2014

**Transaction ID : SA11.673**

Amount of Each Receipt this Period

225.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**ROBERT A. AXELROD****B.**

Mailing Address 79 RIDGE RD.

City

NEW CITY

State

NY

Zip Code

10956-6824

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ROCKLAND COMMUNITY COLLEGE

Occupation

PROFESSOR

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2014

**Transaction ID : SA11.714**

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**ROSEMARIE BAKER****C.**

Mailing Address 1 GILBERT PARK

City

OSSINING

State

NY

Zip Code

10562-5601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NY ENFORCEMENT SERVICES

Occupation

PRESIDENT

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1875.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2014

**Transaction ID : SA11.638**

Amount of Each Receipt this Period

375.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

700.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Chris Day for Congress**

Full Name (Last, First, Middle Initial)

**ROBERT BECHNER**

Mailing Address 5 LAUREN RD.

City

PALISADES

State

NY

Zip Code

10964-1001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

599.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		05		2014

Transaction ID : SA11.682

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**EDWARD BERTOLINO**

Mailing Address 65 KINGS HIGHWAY

City

CONGERS

State

NY

Zip Code

10920-2221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DJE PROPERTY MANAGEMENT, LLC

Occupation

PROPERTY MANAGER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

579.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		22		2014

Transaction ID : SA11.658

Amount of Each Receipt this Period

200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**EDWARD BERTOLINO**

Mailing Address 65 KINGS HIGHWAY

City

CONGERS

State

NY

Zip Code

10920-2221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DJE PROPERTY MANAGEMENT, LLC

Occupation

PROPERTY MANAGER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

579.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		19		2014

Transaction ID : SA11.716

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

800.00

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 8 OF 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Chris Day for Congress**

Full Name (Last, First, Middle Initial)

**JOSEPH E. CARVIN JR.****A.**

Mailing Address 55 HILLANDALE RD.

City

RYE BROOK

State

NY

Zip Code

10573-1704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALTIMA PARTNERSOccupation  
FUND MANAGER

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		18		2014

**Transaction ID : SA11.571**

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

**RICHARD CAUNITZ**

Mailing Address 45 STURBRIDGE CT.

City

NANUET

State

NY

Zip Code

10954-1034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST EFFCOccupation  
INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

264.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		30		2014

**Transaction ID : SA11.608**

Amount of Each Receipt this Period

85.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

**GENEVIEVE COFFEY**

Mailing Address 484 BLAUVELT RD

City

PEARL RIVER

State

NY

Zip Code

10965-2858

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST EFFCOccupation  
INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

299.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		24		2014

**Transaction ID : SA11.731**

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

605.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Chris Day for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JOSEPH FAY COUGHLIN**

Mailing Address 60 PARK DR. N

City RYE	State NY	Zip Code 10580-1830
-------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFC	Occupation INFORMATION REQUESTED PER BEST EFFC
---	---

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
 2600.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 18 / 2014

Transaction ID : SA11.575

Amount of Each Receipt this Period

5000.00
---------

CONTRIBUTION

SEE REATTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JOSEPH FAY COUGHLIN**

Mailing Address 60 PARK DR. N

City RYE	State NY	Zip Code 10580-1830
-------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFC	Occupation INFORMATION REQUESTED PER BEST EFFC
---	---

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
 2600.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 30 / 2014

Transaction ID : SA11.575B

Amount of Each Receipt this Period

-2400.00
----------

CONTRIBUTION

[MEMO ITEM]  
REATTRIBUTION TO SPOUSE

**C.** Full Name (Last, First, Middle Initial)  
**PATRICIA D. COUGHLIN**

Mailing Address 60 PARK DR. N

City RYE	State NY	Zip Code 10580-1830
-------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFC	Occupation INFORMATION REQUESTED PER BEST EFFC
---	---

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
 2400.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 30 / 2014

Transaction ID : SA11.576

Amount of Each Receipt this Period

2400.00
---------

CONTRIBUTION

[MEMO ITEM]  
REATTRIBUTION FROM SPOUSE

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5000.00
---------

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Chris Day for Congress**

Full Name (Last, First, Middle Initial)

**STEPHEN COYLE**

Mailing Address 23 LAMBORN AVENUE

City

CONGERS

State

NY

Zip Code

10920-2007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INSURANCE EXECUTIVE

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		16		2014

Transaction ID : SA11.695

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**CONSTANCE A. CURRAN**

Mailing Address 100 SCARBOROUGH STATION RD.

City

SCARBOROUGH

State

NY

Zip Code

10510-2028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		24		2014

Transaction ID : SA11.508

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**CONSTANCE A. CURRAN**

Mailing Address 100 SCARBOROUGH STATION RD.

City

SCARBOROUGH

State

NY

Zip Code

10510-2028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		02		2014

Transaction ID : SA11.513

Amount of Each Receipt this Period

-2400.00

CONTRIBUTION

[MEMO ITEM]

REATTRIBUTION TO SPOUSE

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

100.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Chris Day for Congress**

Full Name (Last, First, Middle Initial)

**JOHN P. CURRAN**

Mailing Address 100 SCARBOROUGH STATION RD.

City

SCARBOROUGH

State

NY

Zip Code

10510-2028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2014

Transaction ID : SA11.512

Amount of Each Receipt this Period

2400.00

CONTRIBUTION

[MEMO ITEM]

REATTRIBUTION FROM SPOUSE

Full Name (Last, First, Middle Initial)

**EDWIN J. DAY**

Mailing Address 2 CAPRAL LN.

City

NEW CITY

State

NY

Zip Code

10956-3507

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2014

Transaction ID : SA11.594

Amount of Each Receipt this Period

280.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**JEAN C. DAY**

Mailing Address 2 CAPRAL LN.

City

NEW CITY

State

NY

Zip Code

10956-3507

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2014

Transaction ID : SA11.664

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2880.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Chris Day for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**DIANE L. DECICCO**

Mailing Address **33 WESTERLY DR.**

City <b>NEW CITY</b>	State <b>NY</b>	Zip Code <b>10956-6656</b>
-------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFC	Occupation INFORMATION REQUESTED PER BEST EFFC
---	---

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		05		2014

Transaction ID : SA11.683

Amount of Each Receipt this Period

<b>200.00</b>
---------------

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JOHN C. DEMILIA**

Mailing Address **168 BEEKMAN AVE.**

City <b>SLEEPY HOLLOW</b>	State <b>NY</b>	Zip Code <b>10591-2444</b>
------------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFC	Occupation INFORMATION REQUESTED PER BEST EFFC
---	---

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
**395.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		18		2014

Transaction ID : SA11.572

Amount of Each Receipt this Period

<b>100.00</b>
---------------

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JOHN C. DEMILIA**

Mailing Address **168 BEEKMAN AVE.**

City <b>SLEEPY HOLLOW</b>	State <b>NY</b>	Zip Code <b>10591-2444</b>
------------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFC	Occupation INFORMATION REQUESTED PER BEST EFFC
---	---

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
**395.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		25		2014

Transaction ID : SA11.659

Amount of Each Receipt this Period

<b>120.00</b>
---------------

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

<b>420.00</b>
---------------

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 13 OF 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Chris Day for Congress**

Full Name (Last, First, Middle Initial)

**JOHN C. DEMILIA**

Mailing Address 168 BEEKMAN AVE.

City

SLEEPY HOLLOW

State

NY

Zip Code

10591-2444

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

395.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2014

Transaction ID : SA11.688

Amount of Each Receipt this Period

75.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**CORTES E. DERUSSY**

Mailing Address 50 HAMPSHIRE RD.

City

BRONXVILLE

State

NY

Zip Code

10708-5820

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NORTHERN LEASING SYSTEMS, INC.

Occupation

LEASING

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2014

Transaction ID : SA11.579

Amount of Each Receipt this Period

400.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**THOMAS N. DIMICK**

Mailing Address 53 GREEN RD.

City

WEST NYACK

State

NY

Zip Code

10994-2626

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2014

Transaction ID : SA11.689

Amount of Each Receipt this Period

120.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

595.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Chris Day for Congress

Full Name (Last, First, Middle Initial)

JERRY DONNELLAN

A.

Mailing Address 354 BOXBERGER RD.

City

VALLEY COTTAGE

State

NY

Zip Code

10989-1500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ROCKLAND COUNTYOccupation  
VETERANS DIRECTOR

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

380.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		29		2014

Transaction ID : SA11.676

Amount of Each Receipt this Period

120.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

YARON EITAN

B.

Mailing Address 10 MCGARTH DR.

City

CRESSKILL

State

NJ

Zip Code

07626-1745

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST EFFCOccupation  
INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		23		2014

Transaction ID : SA11.726

Amount of Each Receipt this Period

5200.00

CONTRIBUTION

SEE REATTRIBUTION

Full Name (Last, First, Middle Initial)

HAGAR EITAN

C.

Mailing Address 10 MCGARTH DR.

City

CRESSKILL

State

NJ

Zip Code

07626-1745

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST EFFCOccupation  
INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		25		2014

Transaction ID : SA11.738

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

[MEMO ITEM]  
REATTRIBUTION FROM SPOUSE

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5320.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 15 OF 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Chris Day for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**YARON EITAN**

Mailing Address 10 MCGARTH DR.

City State Zip Code  
CRESSKILL NJ 07626-1745

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		25		2014

Transaction ID : SA11.726B

Amount of Each Receipt this Period

-2600.00

CONTRIBUTION

**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

**B.** Full Name (Last, First, Middle Initial)  
**WILLIAM W. ELLSWORTH**

Mailing Address 29 MILE RD.

City State Zip Code  
SUFFERN NY 10901-3919

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A RETIRED

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
1275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		30		2014

Transaction ID : SA11.593

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**EUGENE W. ERICKSON**

Mailing Address 179 WEST MAPLE AVE.

City State Zip Code  
MONSEY NY 10952-1733

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A RETIRED

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		15		2014

Transaction ID : SA11.558

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

200.00
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# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 16 OF 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Chris Day for Congress**

Full Name (Last, First, Middle Initial)

**MICHAEL FIALA**Mailing Address **PRESCHOOL FUNLAND**

City

**BLAUVELT**

State

**NY**

Zip Code

**10913-**FEC ID number of contributing  
federal political committee.**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

**500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2014

**Transaction ID : SA11.650**

Amount of Each Receipt this Period

**500.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MR. FRANKLIN C. FREMONT**Mailing Address **26 LAKEWARD AVE.**

City

**CONGERS**

State

**NY**

Zip Code

**10920-2053**FEC ID number of contributing  
federal political committee.**C**

Name of Employer

**PENTEGRA SERVICES, INC.**

Occupation

**DIRECTOR-INTERNAL AUDIT**

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

**554.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2014

**Transaction ID : SA11.605**

Amount of Each Receipt this Period

**120.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MR. FRANKLIN C. FREMONT**Mailing Address **26 LAKEWARD AVE.**

City

**CONGERS**

State

**NY**

Zip Code

**10920-2053**FEC ID number of contributing  
federal political committee.**C**

Name of Employer

**PENTEGRA SERVICES, INC.**

Occupation

**DIRECTOR-INTERNAL AUDIT**

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

**554.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2014

**Transaction ID : SA11.729**

Amount of Each Receipt this Period

**60.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....**680.00**



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 17 OF 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Chris Day for Congress

Full Name (Last, First, Middle Initial)

NANCY FREMONT

A.

Mailing Address 26 LAKEWARD AVE.

City

CONGERS

State

NY

Zip Code

10920-2053

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		29		2014

Transaction ID : SA11.678

Amount of Each Receipt this Period

150.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

NANCY FREMONT

B.

Mailing Address 26 LAKEWARD AVE.

City

CONGERS

State

NY

Zip Code

10920-2053

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		08		2014

Transaction ID : SA11.781

Amount of Each Receipt this Period

75.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

DAN GALLIGAN

C.

Mailing Address 6 DERBY LANE

City

NEW CITY

State

NY

Zip Code

10956-6603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		19		2014

Transaction ID : SA11.704

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

325.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 18 OF 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Chris Day for Congress**

Full Name (Last, First, Middle Initial)

**PHILIP GIGANTE****A.**

Mailing Address 329 DOREMUS AVE

City

NEWARK

State

NJ

Zip Code

07105-4831

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BBT

Occupation

SALES

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2014

**Transaction ID : SA11.632**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**FRANCISCO GONZALEZ****B.**

Mailing Address 6 PHILLIPS DR.

City

STONY POINT

State

NY

Zip Code

10980-3451

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PORT AUTHORITY OF NY &amp; NJ

Occupation

POLICE INVESTIGATOR

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		07		2014

**Transaction ID : SA11.554**

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**FRANCISCO GONZALEZ****C.**

Mailing Address 6 PHILLIPS DR.

City

STONY POINT

State

NY

Zip Code

10980-3451

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PORT AUTHORITY OF NY &amp; NJ

Occupation

POLICE INVESTIGATOR

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2014

**Transaction ID : SA11.693**

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

800.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 19 OF 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Chris Day for Congress

Full Name (Last, First, Middle Initial)

GERALD HEILPERN

A.

Mailing Address 9 FIELDSTONE CT.

City

NEW CITY

State

NY

Zip Code

10956-6859

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		11		2014

Transaction ID : SA11.687

Amount of Each Receipt this Period

200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

RICHARD F. HUBERT

B.

Mailing Address 53 DORAL GREENS DR. W

City

RYE BROOK

State

NY

Zip Code

10573-5403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		18		2014

Transaction ID : SA11.578

Amount of Each Receipt this Period

150.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

RICHARD JOHNSON

C.

Mailing Address 63 COTTONWOOD LN.

City

BRIARCLIFF MANOR

State

NY

Zip Code

10510-2140

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PROPEL ORTHODONTICS

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		08		2014

Transaction ID : SA11.652

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2350.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 20 OF 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Chris Day for Congress

Full Name (Last, First, Middle Initial)

STUART KIRSHNER

A.

Mailing Address 22 VAN GOGH LN.

City

SUFFERN

State

NY

Zip Code

10901-7725

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		15		2014

Transaction ID : SA11.547

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

STUART KIRSHNER

B.

Mailing Address 22 VAN GOGH LN.

City

SUFFERN

State

NY

Zip Code

10901-7725

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		22		2014

Transaction ID : SA11.709

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JOSEPH R. LAGANA

C.

Mailing Address 7 WOODWARD RD.

City

WEST NYACK

State

NY

Zip Code

10994-2910

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1125.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		23		2014

Transaction ID : SA11.722

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1350.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 21 OF 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Chris Day for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>LEORA LEVY</b>			Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>06</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	09		06		2014
M M	/	D D	/	Y Y Y Y										
09		06		2014										
Mailing Address <b>59 PECKSLAND ROAD</b>			<b>Transaction ID : SA11.646</b>											
City <b>GREENWICH</b>	State <b>CT</b>	Zip Code <b>06831-3711</b>	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">500.00</td> </tr> </table>		500.00									
500.00														
FEC ID number of contributing federal political committee. <b>C</b>			CONTRIBUTION											
Name of Employer <b>RETIRED</b>		Occupation <b>RETIRED</b>	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">500.00</td> </tr> </table>		500.00									
500.00														
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">500.00</td> </tr> </table>	500.00					CONTRIBUTION						
500.00														

  

<b>B.</b> Full Name (Last, First, Middle Initial) <b>BOB MARINO</b>			Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>24</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	09		24		2014
M M	/	D D	/	Y Y Y Y										
09		24		2014										
Mailing Address <b>14 INDIAN DR.</b>			<b>Transaction ID : SA11.734</b>											
City <b>STONY POINT</b>	State <b>NY</b>	Zip Code <b>10980-3441</b>	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">100.00</td> </tr> </table>		100.00									
100.00														
FEC ID number of contributing federal political committee. <b>C</b>			CONTRIBUTION											
Name of Employer <b>U.S. FOODS</b>		Occupation <b>MANAGEMENT</b>	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">100.00</td> </tr> </table>		100.00									
100.00														
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">275.00</td> </tr> </table>	275.00					CONTRIBUTION						
275.00														

  

<b>C.</b> Full Name (Last, First, Middle Initial) <b>MARK A. MARKARIAN</b>			Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>08</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	09		08		2014
M M	/	D D	/	Y Y Y Y										
09		08		2014										
Mailing Address <b>10 HILLSIDE AVE.</b>			<b>Transaction ID : SA11.782</b>											
City <b>PLEASANTVILLE</b>	State <b>NY</b>	Zip Code <b>10570-1910</b>	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">150.00</td> </tr> </table>		150.00									
150.00														
FEC ID number of contributing federal political committee. <b>C</b>			CONTRIBUTION											
Name of Employer <b>INFORMATION REQUESTED PER BEST EFF</b>		Occupation <b>INFORMATION REQUESTED PER BEST EFF</b>	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">150.00</td> </tr> </table>		150.00									
150.00														
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">220.00</td> </tr> </table>	220.00					CONTRIBUTION						
220.00														

  

<b>SUBTOTAL</b> of Receipts This Page (optional).....			<table border="1"> <tr> <td colspan="5">750.00</td> </tr> </table>		750.00				
750.00									
<b>TOTAL</b> This Period (last page this line number only).....			<table border="1"> <tr> <td colspan="5"></td> </tr> </table>						

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 22 OF 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Chris Day for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MARY ALICE MASCOLA**

Mailing Address **12 WHEELERS PLACE W**

City **WEST NYACK** State **NY** Zip Code **10994-2909**

FEC ID number of contributing federal political committee. **C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFC**

Occupation  
**INFORMATION REQUESTED PER BEST EFFC**

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
**419.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2014

**Transaction ID : SA11.668**

Amount of Each Receipt this Period

**120.00**

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MARY ALICE MASCOLA**

Mailing Address **12 WHEELERS PLACE W**

City **WEST NYACK** State **NY** Zip Code **10994-2909**

FEC ID number of contributing federal political committee. **C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFC**

Occupation  
**INFORMATION REQUESTED PER BEST EFFC**

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
**419.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2014

**Transaction ID : SA11.675**

Amount of Each Receipt this Period

**200.00**

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**HECTOR A. MAY**

Mailing Address **3 DUTCHESS DR.**

City **ORANGEBURG** State **NY** Zip Code **10962-2700**

FEC ID number of contributing federal political committee. **C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFC**

Occupation  
**INFORMATION REQUESTED PER BEST EFFC**

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
**3100.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2014

**Transaction ID : SA11.727**

Amount of Each Receipt this Period

**500.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....**820.00**

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 23 OF 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Chris Day for Congress

Full Name (Last, First, Middle Initial)

JAMES P. MCCAULEY JR.

A.

Mailing Address 24 HIGHLAND AVE.

City

CHAPPAQUA

State

NY

Zip Code

10514-3413

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		10		2014

Transaction ID : SA11.556

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JOSEPH MILILLO

B.

Mailing Address 11 S. HIGHLAND AVE

City

PEARL RIVER

State

NY

Zip Code

10965-1616

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

380.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		22		2014

Transaction ID : SA11.560

Amount of Each Receipt this Period

50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JOSEPH MILILLO

C.

Mailing Address 11 S. HIGHLAND AVE

City

PEARL RIVER

State

NY

Zip Code

10965-1616

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

380.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		25		2014

Transaction ID : SA11.629

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

450.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:

PAGE 24 OF 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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 NAME OF COMMITTEE (In Full)  
**Chris Day for Congress**

Full Name (Last, First, Middle Initial)

**MRS. MIRIAM MOCCIO**

Mailing Address 2 FUERTH CT.

City

NEW CITY

State

NY

Zip Code

10956-4154

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CLARKSTOWN CENTRAL SCHOOL DISTRICT

Occupation

TEACHER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

515.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		29		2014

Transaction ID : SA11.775

Amount of Each Receipt this Period

60.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MR. DANIEL MOSCATO**

Mailing Address 6 WYNDHAM CT.

City

NANUET

State

NY

Zip Code

10954-3844

FEC ID number of contributing  
federal political committee.

C

Name of Employer

COUNTY OF ROCKLAND

Occupation

CHIEF ADVISOR

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		29		2014

Transaction ID : SA11.672

Amount of Each Receipt this Period

120.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**ERIK A. NICOLAYSEN**

Mailing Address PO BOX 108

City

CHAPPAQUA

State

NY

Zip Code

10514-0108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NICOLAYSEN AGENCY, INC.

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		02		2014

Transaction ID : SA11.690

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

680.00

TOTAL This Period (last page this line number only).....



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 25 OF 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Chris Day for Congress**

Full Name (Last, First, Middle Initial)

**JOHN O'CONNELL**

Mailing Address 5 HANNAH LN.

City

VALLEY COTTAGE

State

NY

Zip Code

10989-1308

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

229.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		30		2014

Transaction ID : SA11.595

Amount of Each Receipt this Period

50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DANIEL O'KANE**

Mailing Address 15 SOLURI LN.

City

TOMKINS COVE

State

NY

Zip Code

10986-1309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		29		2014

Transaction ID : SA11.662

Amount of Each Receipt this Period

200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MICHAEL PARCHMENT**

Mailing Address 2 COVEWOOD DRIVE

City

NORWALK

State

CT

Zip Code

06853-2001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

CONSULTANT

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		19		2014

Transaction ID : SA11.705

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 26 OF 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Chris Day for Congress**

Full Name (Last, First, Middle Initial)

**PATRICIA POWER****A.**

Mailing Address 5 ASSEMBLY COURT

City

NEW CITY

State

NY

Zip Code

10956-6901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LOCKTON

Occupation

INSURANCE

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2014

Transaction ID : SA11.565

Amount of Each Receipt this Period

85.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**PATRICIA POWER****B.**

Mailing Address 5 ASSEMBLY COURT

City

NEW CITY

State

NY

Zip Code

10956-6901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LOCKTON

Occupation

INSURANCE

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2014

Transaction ID : SA11.635

Amount of Each Receipt this Period

200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**STEPHEN POWERS****C.**

Mailing Address 58 PINEBROOK RD.

City

MONSEY

State

NY

Zip Code

10952-5222

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ROCKLAND COUNTY

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

234.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2014

Transaction ID : SA11.728

Amount of Each Receipt this Period

60.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

345.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 27 OF 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Chris Day for Congress**

Full Name (Last, First, Middle Initial)

**LT. COL. JOSE G. ROSA**

Mailing Address 43 PROSPECT ST.

City

GARNERVILLE

State

NY

Zip Code

10923-1214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNITED STATES ARMYOccupation  
LIEUTENANT COLONEL

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 30 / 2014

Transaction ID : SA11.598

Amount of Each Receipt this Period

50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MARK ROSEN**

Mailing Address 744 FOREST AVENUE

City

LARCHMONT

State

NY

Zip Code

10538-1314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CITIGROUPOccupation  
FINANCIAL SERVICES

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 17 / 2014

Transaction ID : SA11.552

Amount of Each Receipt this Period

150.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MARK ROSEN**

Mailing Address 744 FOREST AVENUE

City

LARCHMONT

State

NY

Zip Code

10538-1314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CITIGROUPOccupation  
FINANCIAL SERVICES

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2014

Transaction ID : SA11.745

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

300.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 28 OF 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Chris Day for Congress

Full Name (Last, First, Middle Initial)

KIM A. SAUCIER

A.

Mailing Address 128 WASHINGTON AVE.

City

SUFFERN

State

NY

Zip Code

10901-6246

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ROCKLAND COUNTY SHERIFF OFFICE

Occupation

POLICE OFFICER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1039.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		30		2014

Transaction ID : SA11.606

Amount of Each Receipt this Period

170.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

KIM A. SAUCIER

B.

Mailing Address 128 WASHINGTON AVE.

City

SUFFERN

State

NY

Zip Code

10901-6246

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ROCKLAND COUNTY SHERIFF OFFICE

Occupation

POLICE OFFICER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1039.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		21		2014

Transaction ID : SA11.708

Amount of Each Receipt this Period

120.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

DOUGLAS B. SCHAPER

C.

Mailing Address 8 CLINTON LN.

City

HARRISON

State

NY

Zip Code

10528-1402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		04		2014

Transaction ID : SA11.610

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

590.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 29 OF 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Chris Day for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**DIANNE M. SCHIRIPA**

Mailing Address 25-206 COLLEGE AVE.

City NANUET	State NY	Zip Code 10954-3038
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFC	Occupation INFORMATION REQUESTED PER BEST EFFC
---	---

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
379.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 29 / 2014

Transaction ID : SA11.677

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**WILLIAM E. SHERWOOD**

Mailing Address 10 WILES DR.

City STONY POINT	State NY	Zip Code 10980-2412
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFC	Occupation JUDGE
---	---------------------

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
320.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 29 / 2014

Transaction ID : SA11.674

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ALFRED SPECTOR**

Mailing Address 45 IDEN AVE

City PELHAM	State NY	Zip Code 10803-2113
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer GOOGLE	Occupation RESEARCH LEADER
----------------------------	-------------------------------

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 08 / 2014

Transaction ID : SA11.519

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

570.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 30 OF 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Chris Day for Congress**

Full Name (Last, First, Middle Initial)

**BURT STEINBERG**Mailing Address **2 GLEN EAGLES COURT**

City

**NEW CITY**

State

**NY**

Zip Code

**10956-5500**FEC ID number of contributing  
federal political committee.**C**

Name of Employer

**BSRC**

Occupation

**CONSULTANT**

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

**1500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2014

**Transaction ID : SA11.546**

Amount of Each Receipt this Period

**1500.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MARY STOLATIS**Mailing Address **343 OLD SLEEPY HOLLOW RD.**

City

**PLEASANTVILLE**

State

**NY**

Zip Code

**10570-3807**FEC ID number of contributing  
federal political committee.**C**

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

**380.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2014

**Transaction ID : SA11.788**

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**GEORGE STRAYTON**Mailing Address **606 KNOLLWOOD CT.**

City

**VALLEY COTTAGE**

State

**NY**

Zip Code

**10989-1600**FEC ID number of contributing  
federal political committee.**C**

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

**479.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2014

**Transaction ID : SA11.681**

Amount of Each Receipt this Period

**200.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**1950.00****TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 31 OF 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Chris Day for Congress**

Full Name (Last, First, Middle Initial)

**GEORGE STRAYTON**

Mailing Address 606 KNOLLWOOD CT.

City

VALLEY COTTAGE

State

NY

Zip Code

10989-1600

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

479.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2014

Transaction ID : SA11.730

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**GENE SUSSMAN**

Mailing Address 48 SEALY DR.

City

LAWRENCE

State

NY

Zip Code

11559-2420

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NEXTLANDING

Occupation

COO

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2014

Transaction ID : SA11.648

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**SHAJAN S. THOTTAKARA**

Mailing Address 16 DUANE AVE.

City

NEW CITY

State

NY

Zip Code

10956-4940

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ROCKLAND COUNTY

Occupation

ENGINEER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2014

Transaction ID : SA11.719

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

850.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 32 OF 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Chris Day for Congress**

Full Name (Last, First, Middle Initial)

**PAUL W. VALENTINE****A.**

Mailing Address 20 BUTTONWOOD PL.

City

BLAUVELT

State

NY

Zip Code

10913-1602

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		30		2014

**Transaction ID : SA11.603**

Amount of Each Receipt this Period

300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**WILLIAM WEBER****B.**

Mailing Address 16 ROSE HILL ROAD

City

MONTEBELLO

State

NY

Zip Code

10901-3204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TURCO GOLF INC

Occupation

CFO

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		18		2014

**Transaction ID : SA11.701**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**LARRY WEISS****C.**

Mailing Address 134 WEST 26 STREET

City

NEW YORK

State

NY

Zip Code

10001-6803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ATLANTIC, TOMORROWS OFFICE

Occupation

CEO

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		04		2014

**Transaction ID : SA11.585**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

1550.00

**TOTAL** This Period (last page this line number only).....



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 33 OF 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Chris Day for Congress

Full Name (Last, First, Middle Initial)

NY FINEST INVESTIGATIVE SERVICES, LLC

A.

Mailing Address 643 MAIN ST.

City

SPARKILL

State

NY

Zip Code

10976-1209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		29		2014

Transaction ID : SA11.670

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SEE ATTRIBUTION BELOW

Full Name (Last, First, Middle Initial)

MICHAEL DELGARDO

B.

Mailing Address 1 SOUTH RIDGE RD.

City

POMONA

State

NY

Zip Code

10970-2105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NY FINEST

PARTNER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		29		2014

Transaction ID : SA11.741

Amount of Each Receipt this Period

500.00

CONTRIBUTION

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

MICHAEL O'BRIEN

C.

Mailing Address 24 CULVER DR.

City

NEW CITY

State

NY

Zip Code

10956-2325

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NY FINEST

PARTNER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		29		2014

Transaction ID : SA11.742

Amount of Each Receipt this Period

500.00

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

33380.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 34 OF 56

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Chris Day for Congress**

Full Name (Last, First, Middle Initial)

**ALBANIAN AMERICAN PUBLIC AFFAIRS COMMITTEE**

Mailing Address PO BOX 70

City

OSSINING

State

NY

Zip Code

10562-0070

FEC ID number of contributing  
federal political committee.

**C** C00278689

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 25 / 2014

Transaction ID : SA11.759

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**LIGHTHOUSE PAC**

Mailing Address 1 REMINGTON PARK DR.

City

CAZENOVIA

State

NY

Zip Code

13035-9469

FEC ID number of contributing  
federal political committee.

**C** C00500785

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 23 / 2014

Transaction ID : SA11.724

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**NEW YORK STATE CONSERVATIVE PARTY FEDERAL ACCT.**

Mailing Address 486 78TH STREET

City

BROOKLYN

State

NY

Zip Code

11209-3404

FEC ID number of contributing  
federal political committee.

**C** C00282343

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 25 / 2014

Transaction ID : SA11.660

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

1750.00

**TOTAL** This Period (last page this line number only).....

1750.00

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 35 OF 56

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Chris Day for Congress**

Full Name (Last, First, Middle Initial)

**A. IAN MILLER**

Mailing Address 63 EAST RD

City	State	Zip Code
WALLKILL	NY	12589

Purpose of Disbursement  
CAMPAIGN CONSULTING/TRAVEL- MILEAGE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		04		2014

Amount of Each Disbursement this Period

665.94
--------

Transaction ID : SB17.345

**B. IAN MILLER**

Mailing Address 63 EAST RD

City	State	Zip Code
WALLKILL	NY	12589

Purpose of Disbursement  
CAMPAIGN CONSULTING/TRAVEL- MILEAGE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		16		2014

Amount of Each Disbursement this Period

510.00
--------

Transaction ID : SB17.346

**C. ALIGRAPHICS**

Mailing Address 333 WESTCHESTER AVE SUITE N101

City	State	Zip Code
WHITE PLAINS	NY	10604

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		12		2014

Amount of Each Disbursement this Period

850.00
--------

Transaction ID : SB17.405

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2025.94

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 36 OF 56

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Day for Congress

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address 200 VESEY ST.

City	State	Zip Code
NEW YORK	NY	10285

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2014

Amount of Each Disbursement this Period

7.95
------

Transaction ID : SB17.355

**B. AMERICAN EXPRESS**

Mailing Address 200 VESEY ST.

City	State	Zip Code
NEW YORK	NY	10285

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		07		2014

Amount of Each Disbursement this Period

149.92
--------

Transaction ID : SB17.357

**C. AMERICAN EXPRESS**

Mailing Address 200 VESEY ST.

City	State	Zip Code
NEW YORK	NY	10285

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		01		2014

Amount of Each Disbursement this Period

7.95
------

Transaction ID : SB17.360

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

165.82

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 56

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Day for Congress

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address 200 VESEY ST.

City	State	Zip Code
NEW YORK	NY	10285

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		05		2014

Amount of Each Disbursement this Period

33.72
-------

Transaction ID : SB17.361

**B. AMERICAN EXPRESS**

Mailing Address 200 VESEY ST.

City	State	Zip Code
NEW YORK	NY	10285

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		02		2014

Amount of Each Disbursement this Period

7.95
------

Transaction ID : SB17.364

**C. AMERICAN EXPRESS**

Mailing Address 200 VESEY ST.

City	State	Zip Code
NEW YORK	NY	10285

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		05		2014

Amount of Each Disbursement this Period

63.46
-------

Transaction ID : SB17.366

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

105.13

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 38 OF 56

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Day for Congress

Full Name (Last, First, Middle Initial)

**A. BRYON C MCKIM**

Mailing Address 14 WILKINS AVE

City	State	Zip Code
COLONIE	NY	12205

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : SB17.381

**B. BRYON C MCKIM**

Mailing Address 14 WILKINS AVE

City	State	Zip Code
COLONIE	NY	12205

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : SB17.382

**C. CMDI**

Mailing Address 1593 SPRING HILL RD STE 400

City	State	Zip Code
VIENNA	VA	22182

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2014

Amount of Each Disbursement this Period

266.68
--------

Transaction ID : SB17.354

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4266.68

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 56

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Chris Day for Congress**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL RD STE 400

City	State	Zip Code
VIENNA	VA	22182

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		29		2014

Amount of Each Disbursement this Period

21	2	3	4	5	6	7	8	9	0	.	0	0
125.10												

Transaction ID : SB17.358

**B. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD STE 400

City	State	Zip Code
VIENNA	VA	22182

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

Amount of Each Disbursement this Period

21	2	3	4	5	6	7	8	9	0	.	0	5
53.05												

Transaction ID : SB17.363

**C. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD STE 400

City	State	Zip Code
VIENNA	VA	22182

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		10		2014

Amount of Each Disbursement this Period

21	2	3	4	5	6	7	8	9	0	.	0	0
32.00												

Transaction ID : SB17.367

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

210.15

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 40 OF 56

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Day for Congress

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL RD STE 400

City	State	Zip Code
VIENNA	VA	22182

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		15		2014

Amount of Each Disbursement this Period

81.73
-------

Transaction ID : SB17.368

**B. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD STE 400

City	State	Zip Code
VIENNA	VA	22182

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		22		2014

Amount of Each Disbursement this Period

45.23
-------

Transaction ID : SB17.369

**C. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD STE 400

City	State	Zip Code
VIENNA	VA	22182

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		29		2014

Amount of Each Disbursement this Period

48.35
-------

Transaction ID : SB17.370

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

175.31



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Chris Day for Congress**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL RD STE 400

City	State	Zip Code
VIENNA	VA	22182

Purpose of Disbursement  
DATABASE MANAGEMENT SERVICES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2014

Amount of Each Disbursement this Period

798.00
--------

**Transaction ID : SB17.371****B. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD STE 400

City	State	Zip Code
VIENNA	VA	22182

Purpose of Disbursement  
DATABASE MANAGEMENT SERVICES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		29		2014

Amount of Each Disbursement this Period

798.00
--------

**Transaction ID : SB17.372****C. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD STE 400

City	State	Zip Code
VIENNA	VA	22182

Purpose of Disbursement  
DATABASE MANAGEMENT SERVICES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		28		2014

Amount of Each Disbursement this Period

798.00
--------

**Transaction ID : SB17.373****SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2394.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Day for Congress

Full Name (Last, First, Middle Initial)

**A. COMPLIANCE CONSULTING CO OF VA LLC**

Mailing Address PO BOX 365

City	State	Zip Code
MCLEAN	VA	22101

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 03 / 2014

Amount of Each Disbursement this Period

1850.00
---------

Transaction ID : SB17.352

**B. COMPLIANCE CONSULTING CO OF VA LLC**

Mailing Address PO BOX 365

City	State	Zip Code
MCLEAN	VA	22101

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 16 / 2014

Amount of Each Disbursement this Period

3700.00
---------

Transaction ID : SB17.353

**C. CONSTANT CONTACT**

Mailing Address 1601 TRAPELO RD

City	State	Zip Code
WALTHAM	MA	02451

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 28 / 2014

Amount of Each Disbursement this Period

158.50
--------

Transaction ID : SB17.425

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5708.50

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 43 OF 56

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Day for Congress

Full Name (Last, First, Middle Initial)

**A. CONSTANT CONTACT**

Mailing Address 1601 TRAPELO RD

City	State	Zip Code
WALTHAM	MA	02451

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		27		2014

Amount of Each Disbursement this Period

211.33
--------

Transaction ID : SB17.427

**B. CONSTANT CONTACT**

Mailing Address 1601 TRAPELO RD

City	State	Zip Code
WALTHAM	MA	02451

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		29		2014

Amount of Each Disbursement this Period

211.33
--------

Transaction ID : SB17.429

**C. E-MERCHANT SOLUTIONS**

Mailing Address 920 N ARGONNE STE 200

City	State	Zip Code
SPOKANE	WA	99212

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

Amount of Each Disbursement this Period

158.99
--------

Transaction ID : SB17.356

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

581.65

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 44 OF 56

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Day for Congress

Full Name (Last, First, Middle Initial)

**A. E-MERCHANT SOLUTIONS**

Mailing Address 920 N ARGONNE STE 200

City	State	Zip Code
SPOKANE	WA	99212

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 07 / 2014

Amount of Each Disbursement this Period

162.83
--------

Transaction ID : SB17.362

**B. EXECUTIVE STAR**

Mailing Address 180 E PROSPECT AVE

City	State	Zip Code
MAMARONECK	NY	10543

Purpose of Disbursement  
PRINTING/POSTAGE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 25 / 2014

Amount of Each Disbursement this Period

2495.00
---------

Transaction ID : SB17.409

**C. FACEBOOK**

Mailing Address 1601 WILLOW RD

City	State	Zip Code
MENLO PARK	CA	94025

Purpose of Disbursement  
MEDIA

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 01 / 2014

Amount of Each Disbursement this Period

444.50
--------

Transaction ID : SB17.384

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

3102.33

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 45 OF 56

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Day for Congress

Full Name (Last, First, Middle Initial)

**A. FACEBOOK**

Mailing Address 1601 WILLOW RD

City	State	Zip Code
MENLO PARK	CA	94025

Purpose of Disbursement  
MEDIA

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		01		2014

Amount of Each Disbursement this Period

574.93
--------

Transaction ID : SB17.385

**B. FACEBOOK**

Mailing Address 1601 WILLOW RD

City	State	Zip Code
MENLO PARK	CA	94025

Purpose of Disbursement  
MEDIA

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		02		2014

Amount of Each Disbursement this Period

648.00
--------

Transaction ID : SB17.386

**C. FACEBOOK**

Mailing Address 1601 WILLOW RD

City	State	Zip Code
MENLO PARK	CA	94025

Purpose of Disbursement  
MEDIA

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		29		2014

Amount of Each Disbursement this Period

750.23
--------

Transaction ID : SB17.388

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1973.16

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 46 OF 56

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Day for Congress

Full Name (Last, First, Middle Initial)

**A. GET OUT THE VOTE**

Mailing Address 100 WEST 39TH ST PENTHOUSE F

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		04		2014

City	State	Zip Code
NEW YORK	NY	10018

Amount of Each Disbursement this Period

1746.54
---------

Purpose of Disbursement  
SURVEY RESEARCHCategory/  
Type

Transaction ID : SB17.424

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. JOE & JOE'S RESTAURANT**

Mailing Address 65 E CENTRAL AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		25		2014

City	State	Zip Code
PEARL RIVER	NY	10965

Amount of Each Disbursement this Period

450.00
--------

Purpose of Disbursement  
FACILITY RENTAL / FOOD/BEVERAGESCategory/  
Type

Transaction ID : SB17.376

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. LYNCH'S RESTAURANT**

Mailing Address 79 SOUTH LIBERTY DR

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		24		2014

City	State	Zip Code
STONY POINT	NY	10980

Amount of Each Disbursement this Period

624.00
--------

Purpose of Disbursement  
FOOD/BEVERAGESCategory/  
Type

Transaction ID : SB17.380

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2820.54

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 47 OF 56

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Day for Congress

Full Name (Last, First, Middle Initial)

**A. MAINLY MONOGRAMS**

Mailing Address 260 WEST NYACK RD

City	State	Zip Code
WEST NYACK	NY	10994

Purpose of Disbursement  
PRINTING- T-SHIRTS

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 16 / 2014

Amount of Each Disbursement this Period

247.50
--------

Transaction ID : SB17.408

**B. MICHELLE RAY**

Mailing Address 2300 VESTA CIRCLE

City	State	Zip Code
LAFAYETTE	CO	80026

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 04 / 2014

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.377

**C. MINUTEMAN PRESS**

Mailing Address 55 SOUTH MAIN STREET

City	State	Zip Code
NEW CITY	NY	10956

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 30 / 2014

Amount of Each Disbursement this Period

29.26
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Transaction ID : SB17.406

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1276.76

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Day for Congress

Full Name (Last, First, Middle Initial)

**A. NORTHERN COMFORT CATERING LLC**

Mailing Address 32 OLD TAPPAN RD

City	State	Zip Code
TAPPAN	NY	10983

Purpose of Disbursement  
CATERING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		16		2014

Amount of Each Disbursement this Period

1400.00
---------

Transaction ID : SB17.347

**B. PASQUALES RISTORANT**

Mailing Address 143 RAYMOND RD.

City	State	Zip Code
CANDIA	NH	03034

Purpose of Disbursement  
CATERING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		18		2014

Amount of Each Disbursement this Period

568.26
--------

Transaction ID : SB17.348

**C. STAR PRESS**

Mailing Address PO BOX 2408

City	State	Zip Code
MUNCIE	IN	47307

Purpose of Disbursement  
MEDIA

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		08		2014

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB17.387

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2218.26



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 49 OF 56

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Chris Day for Congress**

Full Name (Last, First, Middle Initial)

**A. SUNSET COVE**

Mailing Address 238 GREEN ST.

City	State	Zip Code
TARRYTOWN	NY	10591

Purpose of Disbursement  
CATERING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		08		2014

Amount of Each Disbursement this Period

240.73
--------

Transaction ID : SB17.350

**B. THE CASALE GROUP**

Mailing Address 125 LAKE ST

City	State	Zip Code
COOPERSTOWN	NY	13326

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

Amount of Each Disbursement this Period

3400.00
---------

Transaction ID : SB17.390

**C. THE CASALE GROUP**

Mailing Address 125 LAKE ST

City	State	Zip Code
COOPERSTOWN	NY	13326

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		04		2014

Amount of Each Disbursement this Period

3400.00
---------

Transaction ID : SB17.391

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7040.73

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 50 OF 56

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Day for Congress

Full Name (Last, First, Middle Initial)

**A. THE CASALE GROUP**

Mailing Address 125 LAKE ST

City	State	Zip Code
COOPERSTOWN	NY	13326

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 26 / 2014

Amount of Each Disbursement this Period

3400.00
---------

Transaction ID : SB17.392

**B. THE CASALE GROUP**

Mailing Address 125 LAKE ST

City	State	Zip Code
COOPERSTOWN	NY	13326

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 29 / 2014

Amount of Each Disbursement this Period

3400.00
---------

Transaction ID : SB17.393

**C. THE MAILHOUSE**

Mailing Address 614 CORPORATE WAY SUITE 8

City	State	Zip Code
VALLEY COTTAGE	NY	10989

Purpose of Disbursement  
PRINTING/POSTAGE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 18 / 2014

Amount of Each Disbursement this Period

602.16
--------

Transaction ID : SB17.410

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

7402.16

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 51 OF 56

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Day for Congress

Full Name (Last, First, Middle Initial)

**A. THE MAILHOUSE**

Mailing Address 614 CORPORATE WAY SUITE 8

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		05		2014

City	State	Zip Code
VALLEY COTTAGE	NY	10989

Amount of Each Disbursement this Period

453.66
--------

Purpose of Disbursement  
PRINTING/POSTAGECategory/  
Type

Transaction ID : SB17.411

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. THE PROSPER GROUP CORPORATION**

Mailing Address 435 EAST MAIN ST STE 250

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		19		2014

City	State	Zip Code
GREENWOOD	IN	46143

Amount of Each Disbursement this Period

3094.10
---------

Purpose of Disbursement  
LIST PURCHASECategory/  
Type

Transaction ID : SB17.383

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. TOWN OF RAMAPO**

Mailing Address 237 NEW YORK RT 59

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		21		2014

City	State	Zip Code
AIRMONT	NY	10901

Amount of Each Disbursement this Period

100.00
--------

Purpose of Disbursement  
REGISTRATION FEECategory/  
Type

Transaction ID : SB17.415

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

3647.76



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 53 OF 56

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Day for Congress

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 475 L'ENFANT PLAZA SW, RM4012

City	State	Zip Code
WASHINGTON	DC	20060

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		05		2014

Amount of Each Disbursement this Period

49.00
-------

Transaction ID : SB17.396

**B. USPS**

Mailing Address 475 L'ENFANT PLAZA SW, RM4012

City	State	Zip Code
WASHINGTON	DC	20060

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		02		2014

Amount of Each Disbursement this Period

8.09
------

Transaction ID : SB17.397

**C. USPS**

Mailing Address 475 L'ENFANT PLAZA SW, RM4012

City	State	Zip Code
WASHINGTON	DC	20060

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		03		2014

Amount of Each Disbursement this Period

55.38
-------

Transaction ID : SB17.398

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

112.47

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 54 OF 56

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Chris Day for Congress**

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 475 L'ENFANT PLAZA SW, RM4012

City	State	Zip Code
WASHINGTON	DC	20060

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		12		2014

Amount of Each Disbursement this Period

7.94
------

Transaction ID : SB17.399

**B. USPS**

Mailing Address 475 L'ENFANT PLAZA SW, RM4012

City	State	Zip Code
WASHINGTON	DC	20060

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		19		2014

Amount of Each Disbursement this Period

42.99
-------

Transaction ID : SB17.400

**C. USPS**

Mailing Address 475 L'ENFANT PLAZA SW, RM4012

City	State	Zip Code
WASHINGTON	DC	20060

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		24		2014

Amount of Each Disbursement this Period

49.00
-------

Transaction ID : SB17.401

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

99.93

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 55 OF 56

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Day for Congress

Full Name (Last, First, Middle Initial)

**A. VILLAGE OF MONTEBELLO**

Mailing Address 1 MONTEBELLO RD

City	State	Zip Code
SUFFERN	NY	10901

Purpose of Disbursement  
REGISTRATION FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		21		2014

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB17.413

**B. VILLAGE OF SLOATSBURG**

Mailing Address 96 ORANGE TURNPIKE

City	State	Zip Code
SLOATSBURG	NY	10974

Purpose of Disbursement  
REGISTRATION FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		21		2014

Amount of Each Disbursement this Period

100.00
--------

Transaction ID : SB17.414

**C. VILLAGE OF SLOATSBURG**

Mailing Address 96 ORANGE TURNPIKE

City	State	Zip Code
SLOATSBURG	NY	10974

Purpose of Disbursement  
REGISTRATION FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		21		2014

Amount of Each Disbursement this Period

150.00
--------

Transaction ID : SB17.417

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

500.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 56 OF 56

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Day for Congress

Full Name (Last, First, Middle Initial)

**A. VINYLTECH SIGNS & DECALS INC**

Mailing Address 111 INDUSTRIAL PARK RD

City	State	Zip Code
PRATTVILLE	AL	36067

Purpose of Disbursement  
PRINTING- SIGNS

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

Amount of Each Disbursement this Period

9750.50
---------

Transaction ID : SB17.407

**B. VRM HQ**

Mailing Address 190 MONROE AVE NW FIFTH FL

City	State	Zip Code
GRAND RAPIDS	MI	49503

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2014

Amount of Each Disbursement this Period

1250.00
---------

Transaction ID : SB17.422

**C. ZAPATA RESTAURANT**

Mailing Address 779 NEW YORK 340

City	State	Zip Code
PALISADES	NY	10964

Purpose of Disbursement  
CATERING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		27		2014

Amount of Each Disbursement this Period

2034.08
---------

Transaction ID : SB17.349

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

13034.58

59310.86